



STATE OF NEVADA
BOARD OF PSYCHOLOGICAL EXAMINERS

4600 Kietzke Lane, Building E-141

Reno, NV 89502

Phone: (775) 688-1268 • Fax: (775) 688-1278 • E-mail: nbop@govmail.state.nv.us

The Nevada Board of Psychological Examiners is partnering with the Association of State and Provincial Psychology Board to develop a Universal Application. This application will be held in the ASPPB databank for future use of applicants wishing to gain licensure in other states or provinces. Once this form has been received by the Nevada Board of Psychological Examiners, the information will be provided to ASPPB for further processing. ASPPB will be in contact with the applicant to obtain additional application information.

Please complete the following form using type or legibly printed in black ink.

PERSONAL DATA					
Applying as: (check one) <input type="checkbox"/> Licensed Psychologist <input type="checkbox"/> Registered Psychological Assistant					
Full name (first, middle, last)				U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Maiden name (if applicable)				Check only those that apply: CPQ <input type="checkbox"/> NRHSPP <input type="checkbox"/> Sr. 10-yr <input type="checkbox"/> Sr. 20-yr <input type="checkbox"/>	
Preferred Mailing Address: Home <input type="checkbox"/> Business <input type="checkbox"/>			Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		SSN:
Business Address					Phone:
Home Address					Phone:
Date of Birth		Place of Birth		E-mail address	
GRADUATE EDUCATION AND TRAINING					
Name of Graduate Program					
Graduation Year		University			
City/State/Zip					APA Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>
Title of Thesis/Dissertation					
Pre Doctoral Internship Institution		Supervisor			
City/State/Zip					Dates:
Post-Doctoral Internship Institution				Supervisor	
City/State/Zip					Dates:
LICENSING HISTORY (LIST LICENSES, CERTIFICATES, REGISTRATIONS, ETC) (if applicable)					
State		Type/Title		Date acquired:	
State		Type/Title		Date acquired:	
State		Type/Title		Date acquired:	

**AFFIX
PHOTO
HERE**

When submitting this form, please include:

1. \$100 application fee, payable by check or money order to **State of Nevada Board of Psychological Examiners**
2. Two passport-style photos, with one attached to the bottom left corner of this page

And mail to:

Nevada Board of Psychological Examiners
4600 Kietzke Lane, E-141
Reno, NV 89502

AFFIDAVIT

NOTE: Any omissions, false or misleading information in, or connected with, this application, its attachments or other communications with the Board may be cause for denial or revocation of licensure on the grounds of lack of good moral character.

STATE OF: _____

COUNTY OF: _____

The undersigned, being sworn, deposes and says that he/she is the person who executed this application; that all statements herein are true in every respect; that he/she has not suppressed any information that might affect this application; that he/she will conform to the ethical standards of conduct of the American Psychological Association; and that he/she has read and understands this affidavit.

SIGNATURE OF APPLICANT: _____

DATE: _____

SWORN BEFORE ME THIS DAY _____ **OF** _____ **A.D. 20** _____

SIGNATURE OF NOTARY PUBLIC _____

PRINTED OR TYPED NAME: _____

MY COMMISSION EXPIRES: _____

SEAL